LINKING COMPLEX EMERGENCY RESPONSE AND TRANSITION INITIATIVE

# CERTI Crisis and Transition Tool Kit

# The Psychosocial Effects of Conflict-Related Trauma

## Technical Advisory Group Meeting Report
## Washington, DC 1-2 August 2000

Hosted by World Vision

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# Technical Advisory Group Meeting for the Psychosocial Effects of Conflict-Related Trauma
# August 1-2, 2000

## Introduction

While the field of cross-cultural assessment and treatment of the psychosocial effects of conflict-related trauma is gaining increasing attention in the scientific literature, there is still enormous room for research and the development of 'best practices' in the discipline. The Technical Advisory Group meeting of August 1-2, 2000 was hosted by World Vision, co-facilitated with Johns Hopkins University and sponsored by CERTI (Linking Complex Emergencies Response and Transition Initiative, a program sponsored by USAID and others). The meeting was called to provide technical feedback on recent research initiatives conducted in Rwanda, and to discuss the best ways forward. Participants in the meeting represented World Vision, Johns Hopkins University, Harvard University, Columbia University, Tulane University, Randolph-Macon College, Christian Children's Fund, the Commission on Mental Health Services (based in Washington DC) and the American Red Cross. The diversity in backgrounds among participants ensured that the process benefited from a broad spectrum of approaches and expertise.

The primary objective of the TAG meeting was to review the recent work by Paul Bolton (Johns Hopkins University) and Lincoln Ndogoni (World Vision International) detailed in the report entitled *Cross-Cultural Assessment of Trauma-Related Mental Illness*.[1] As part of the CERTI project, this work consisted of the development and field testing of a method for assessing aspects of mental health across cultures. In the Rwanda field trial the methodology was used to assess the prevalence, severity and functional impact of depression among a rural Rwandan population. The methodology involves multiple research techniques adapted to be within the technical and financial capacities of most NGOs on the field level. 'The principal components include: ethnographic research on local perceptions of function and mental health, creation of a locally relevant functional assessment instrument and adaptation of existing mental health instruments to local conditions using the ethnographic results, validity testing of these adapted instruments, and use of these instruments in a community-based survey. In Rwanda the depression section of the Hopkins Symptom Checklist was adapted to assess depression symptomotology.

The morning session on the first day was devoted to the discussion of the report's methodology. Prior to the meeting seven of the TAG participants had been asked to review the report and provide advance written feedback. Specifically they were asked to comment on the strengths and weaknesses of the methodology. For each weakness they were also asked to make a recommendation for improvement. The meeting began with a review of these comments. This led to a wide-ranging discussion touching on many technical and practical issues. The afternoon session shifted to a discussion of implications of the research for intervention

[1] Bolton, P and L Ndogoni. *Cross-Cultural Assessment of Trauma-Related Mental Illness.* April 2000. This report stems from an initiative funded by the US Agency for International Development and World Vision International.

programming to address the psychosocial health of trauma-affected populations. The issues brought up in these discussions are summarized below.

A full list of participant names and contact information is provided as an attachment.

# Perceived Strengths of the Methodology

## *Study Content*

- **Contribution to the field of applied behavioral research on the psychosocial effects of trauma** – This work was applauded by all participants as a contribution to a vitally important field of which the research base is still limited. Participants acknowledged that this is an extremely difficult problem area to research, particularly while a systematized approach is lacking. There is little empirical data and numerous methodological challenges. Even basic terminology is not yet agreed upon in this multi-disciplinary field. To have completed this study at this level of rigor was impressive. All agreed that this was an excellent contribution to knowledge of the problem and to applied assessment strategies.

- **Emphasis on social function** - The value of the emphasis on social function was widely noted for several reasons. Social function is thought to be easier to measure than symptomotology. It was recognized that improvement of social function was likely to be the desired outcome of NGO community-level psychosocial programs, rather than alleviation of the symptoms of mental illness, and thus this assessment tool assists in the evaluation of program impact. Rather than assuming an association between depression and impairment of function, this study contributed to the examination of the relationship between these dimensions of human affect and behavior. This work assists in clarifying the relationship between depression and function in transitional (post-conflict) settings, an issue about which there has been little research to date. The relevance of social function as an outcome variable is supported by evidence that social productivity (i.e. returning to work) probably helps to prevent depression and has some effect in alleviating depression, in addition to the profound collateral benefit of furthering the reconstruction and rehabilitation of the community. Additionally, the demonstration of a clear association between depression and social function has implications for national development, and may result in future funding and intervention initiatives.

- **Ethnographic component** – The ethnographic component of the methodology allows the assessment process to be contextualized in the Rwandan setting; this is essential for mental health work, which is fundamentally dependent on the local culture. By studying the local classification system of health concepts and practices, the team is then able to incorporate mechanisms to detect both depression (as defined by the DSM), and the most similar local syndrome (in this case a syndrome described in terms of severe grief) and to examine the relationships between them. This approach allows researchers to examine the validity of western health concepts in other cultures, to adapt and validate western instruments measuring these concepts, and to explore ways to tailor interventions to be locally appropriate.

- **Focus on depression** – The team agreed that depression was the type of psychosocial response most appropriate to be the focus of this initial assessment. This is because W.H.O. reports have identified depression as a major contributor to social disability, both in developing and developed countries, and its prevalence is likely to be greatly elevated in the crisis setting. It is believed to account for a large portion of longer-term trauma-related mental illness, and may also have a high prevalence in non-crisis settings. It was suggested, however, that future assessments should be broadened to include other common forms of trauma-related mental illness.

## *Process*

- **Process** – The NGO and academic linkage was well appreciated by participants, and viewed to be a model worth expanding in application in the future.

- **Accessibility of the methodology** – It was noted that the methodology is within the resource capacity of many NGOs, given sufficient external technical support where needed. The methodology is also mobile – it requires only limited infrastructure and can be implemented relatively easily.

- **Participation and capacity building** – The reliance primarily on national staff to implement the survey and the plans to train national staff in analytical methods in the future were recognized as practices consistent with a commitment to local participation and capacity building.

## *Dissemination*

- **Incorporation of multi-disciplinary involvement** – Participants felt the involvement of the TAG members in planning and review of the methodology contributed to the quality of the project in terms of building on expert knowledge in all aspects of the work.

# Concerns and Suggestions

## *Study content*

- **Omission of ethnographic information** – It appeared that much of the cultural information gained in the ethnographic process was omitted from the report, despite the fact that a wealth of such information was gained in that process. With regard to local concepts of illness and health, comparatively little information on the process of translation between western concepts and local concepts was provided. It would be very useful for readers to understand exactly what information was gained regarding local taxonomies and concepts of illness and health as a context for understanding the report's findings, and to understand the process by which the assessment team interpreted this information and drew analogies to western concepts and language. For example, depression is currently seen in western culture as a primarily biological phenomenon but in other cultures the perception and experience of that illness may be wholly different – e.g. spiritual, emotional or simply a normal reaction to life-events. Additionally the report should include some exploration of the pre-disaster population in terms of culture, health, mental health, traditional health practices, coping strategies, etc., for the purpose of helping to assess what is 'normal' for that population.

- **Terminology** – The terminology currently in use in the psychosocial / mental health field is ambiguous and warrants definition. The lack of a clearly defined vocabulary for the psychosocial health field results in confusion and masks the fact that there are psychosocial health implications for all types of interventions, not just those in the "psychosocial sector". It was noted that the distinctions between the terms 'psychosocial health' and 'mental health' have not been adequately defined, a point that becomes particularly problematic with community-level interventions that are designed to promote 'psychosocial health' among the community as a whole, without targeting individuals identified to have clinical mental illness. The definition of the core terms in this field would be a valuable contribution to discussions of assessments of needs as well as programming.

- **Clinical orientation –** If assessing clinical disorders implies clinical interventions only, then this approach could be viewed as underemphasizing community resources that may promote healing: social support networks, social movements to interpret and come to terms with traumatic experiences, etc. This should be addressed in the report as NGOs are well placed to identify local structures and traditions that may promote healing and that may serve as the basis for more specialized mental health services.

- **Spirituality and coping strategies** – Spirituality is an important aspect of life in many African cultures, and is likely to be at the core of how people cope with trauma in Rwanda. It was, however, not discussed in the report. The omission raises the question of what may have been missed in this analysis. The report seems to assume that healthy coping is inter-personal and directly addresses one's trauma; this assumption may be questioned. It was suggested that for the severely trauma-affected, some studies have reported that overtly addressing one's trauma may be counter-productive, and the most well functioning are those who can "bury" their experiences and move on.

- **Possible biases in reporting** – Several concerns were raised about potential sources of bias in the methodology that should be addressed in the report. As discussed above, the process by which translation of ethnographic information took place is not described in detail in the report, and it is unclear how the assessment team ensured linguistic equivalence among concepts in the study. This raises the possibility of the influence of *biases or inadequacies in the translation process*. There is a tremendous risk of changing or losing meaning in this translation process (translation between words, between worldviews and between concepts). Attendees of the meeting stated that the validity of the translation could be assessed in part by examining the extent to which the given measures behaved in relation to each other and whether this was as expected. For example, depression would be expected to be more common in women than men and to be associated with social function. Both were found to be true in the study. The reviewers wished to see more of such evidence of internal consistency. This would make them more willing to accept that translations between concepts are likely to be correct. The issue of the ethnicity of interviewers and respondents was also raised: within the Rwandan context it is reasonable to expect that the relationship between *interviewer and respondent ethnicity* could result in *interviewing, reporting or recording biases.* Another possible bias derives from the tendency of respondents to represent issues or underreport behaviors according to what the respondent believes the interviewer would like to hear (i.e. SOCIAL *desirability bias*), such as minimizing reported alcohol use. It is unclear how much this phenomenon, if present, is due to respondents' religious beliefs, or World Vision's religious affiliations, or both. Additionally, the question "What are the main problems that affect people in this Commune as a result of the genocide in 1994?" presumes that the respondent sees the 1994 war as a "genocide", which implies a specific political perspective. The word "genocide" is politically loaded in Rwandan culture, and the question may lead to *reporting bias* depending on the perspective of the respondent. It is possible that because the Rwandans in the study area have previous exposure to intensive NGO activities, they may *bias their information because of a perception that doing so will improve their chances of gaining access to additional aid*. Also, the interviewers were local staff who would likely have experienced some of the same trauma experienced by the study population, and may therefore *have mental health issues which could bias their techniques in their work* (discussed further below).

- **Generalizability** - The assessment eventually focused on Kinzenze (a predominantly Tutsi area) rather than Butamwa (a predominantly Hutu area). It is possible that the pre-existing psychosocial health program in Kinzenze and their proximity to the capital affected (*differentially compared to Butamwa's population*) the population's self-awareness, their understanding of health (particularly mental health) and Western language surrounding health concepts. If Tutsis are more likely to want to talk about the genocide and its effects, then the combination of this difference in reporting openness combined with the focus on Kinzenze may bias the results in favor of Tutsi respondents' perspectives and levels of psychosocial distress. The population studied in this work are unique in the extreme conditions they have experienced as well as the extensive contact that they have had with external agencies in recent history; this uniqueness, combined with the potential sources of bias listed above, raise questions about the generalizability of findings from this study to the broader population of trauma-affected people in Rwanda, Africa and other sites of complex emergencies and war.

- **Post Traumatic Stress Disorder** – Participants felt that it was appropriate to prioritize depression over PTSD because of depression's greater prevalence in a wider diversity of settings and its equal, if not greater, role in social impairment. Yet the report may imply that it is not important to assess PTSD, despite the fact that screening solely for depression has a low sensitivity for detecting PTSD sufferers. It was concluded that the scope of any assessment should be limited to issues and conditions which the NGO is prepared to address in programs, but an assessment tool should be developed for PTSD for future work in conflict-affected areas.

- **Interventions** – It was noted that prior to conducting the assessment, World Vision staff could have discussed internally the range of interventions which the organization would be willing to implement in response to different types of results. This would have allowed the assessment team to identify, throughout the course of the assessment, projects that would be appropriate and feasible responses to information they encountered.

- **Staff mental health** – The question was raised as to the effects on the interviewers' mental health on the research process, given that the local staff derive from the same population and likely suffered similar exposure to traumatic events (in any case, it is now recognized that international staff require debriefing regardless of previous exposure). How does WV (or any other organization) know if its local staff are mentally well enough to serve as interviewers in this type of research? Psychosocial work in conflict-affected areas poses particularly stresses for NGO employees (following over-identification and empathy, for example) which should be actively addressed by staff health policies. It was agreed that psychosocial health programs (and other programs in general) should have a staff health component built into the planning and budgeting.

- **Social Functioning** – The assessment of social functioning was viewed to be a strength of the study. However, reviewers raised concerns over the specific approach taken. The approach resulted in respondents answering hypothetical questions rather than reporting behaviors. The functionality questions attempt to control for the effects of age, sex, lack of money and lack of assistance. To do so, they asked the respondent to compare him/herself to someone of the same age and sex "who has no problems," i.e. with health, or poverty primarily. Reviewers were concerned that this then requested respondents to compare themselves to a hypothetical person, which may lead to inaccurate responses. It was suggested that a more complete review of approaches for assessing social functioning (including proxy reporting, etc.) be conducted, particularly approaches that may control for those variables in the analysis rather than in the reporting. As a separate issue, the report seems to make certain assumptions about functional and dysfunctional coping strategies. Despite the ethnographic research at the beginning of the work, local perceptions of functional and dysfunctional coping strategies were not provided.

- **Causal analysis** – The methodology allows for the detection of correlations rather than the directionality of causal relationships. Longitudinal studies or quasi-experimental designs are needed to begin to address issues of causality.

- **Test-retest reliability** – A sub-sample of respondents were re-interviewed and their responses evaluated for test-retest reliability. The reliability was found to be adequate only (Pearson's correlation of 0.671 for the Depression scale and 0.574 for the function questions). Given that in most scenarios the tool would be used repeatedly over time, the low test-retest reliability points to the need for further research into the reasons for this (such as test reactivity and mood variation).

## *Process*

- **Risk of retraumatization** – All participants were concerned about the risk of emotional retraumatization for respondents, particularly if counseling were not made available during and after questioning, and particularly if effective referral systems were not in place. This risk gives rise to ethical questions which have not necessarily been fully resolved, regarding the responsibility of agencies implementing trauma-related surveys. Policies will need to be developed by World Vision to address this problem. It should be noted that participants were not asked about traumatic experiences. Therefore, the risk for harm may well be less than in more traditional studies of the psychosocial effects of trauma.

- **Involvement of the local population in interpretation of study findings** – The Rwandan communities studied in this assessment do not appear to have been involved in the interpretation of the results. Their involvement is likely to be of heightened importance in a field of this nature. The utilization of international technical assistance (and therefore the reliance on western concepts, approaches and tools) always poses a risk of the disempowerment and marginalization of local populations. While this research incorporates a participatory model, the involvement of local communities should extend through the interpretation/analysis and recommendation phases.

- **Time delay** - The usefulness of the survey tool may decrease with time as the population's mental health and coping mechanisms change following a traumatic event(s). The time delay between the disaster and the needs assessment, and then between the assessment and intervention, should be minimized to ensure the information is still as relevant and the population is still actively involved in the process.

## *Dissemination*

- **Scope of project** – It was recognized that the report is excessively multi-purpose in terms of its audience, and therefore does not address the needs and interests of specific users. The authors should consider focusing solely on one audience, or preparing multiple reports for dissemination. A particular concern was that many of the technical concepts were beyond the training of many people who would be interested in the report.

- **Educational component and sharing the methodology** – Because this study is a field test of a methodology which is to be used by NGO staff on the field level, it would be very useful if the report provided educational information about how the work was done, detailing in particular decision-making and interpretation processes. The component could include what problems were encountered in the field and how they were dealt with; a discussion of the applicability and utility of the work in programming; and how translation was done. At this point, most of the individuals focusing on developing this field are Western and highly educated. It is our responsibility to describe the work with as much practical detail as possible so that NGO field offices can use the document to implement similar pieces of work. The more transparent the report, the more intelligently and critically the users can apply the work to their own country programs. Ultimately, what will be needed is a manual that both describes the underlying principles guiding this research, and then a detailed 'how to' section, reporting forms, detailed descriptions of random sampling, training and methods of evaluating interviewers.

- **Team capacities** – The report should demonstrate that the assessment team was sufficiently technically equipped to adapt assessment tools based on local cultural and psychological information.

- **Statistics** – The statistical analysis in this study should be moved to appendices in any version of the document aimed to field personnel.

# Recommendations

## *Study content*

- **Inclusion of more extensive mapping of local cultural belief systems** – The documentation of local belief systems, particularly regarding the classification and treatment of health conditions, would contribute significantly to the interpretation and applicability of the research. It would elucidate the cultural health system from which local trauma-related syndromes were derived; it would also lay a foundation for similar ethnographic research in the future. The report should include sufficient detailed qualitative and practical information to facilitate the application of the methodology by field-level NGO staff. The ethnographic information acquired using this methodology is a valuable contribution to the understanding of local health beliefs and practices, and this information should be provided in sufficient detail that such methods can be effectively employed by a broader diversity of people, particularly at the field level.

- **Inclusion of other forms of mental illness** – The tool should be adapted to include PTSD, panic/anxiety disorder and perhaps other forms of mental illness that are associated with psychosocial trauma. Qualitative research should be conducted to determine how these illnesses are understood, categorized and detected in local cultures prior to conducting assessments to detect prevalence levels.

- **Assessment of trauma-related mental illness in children** – Tools for the assessment of mental illness in children should be developed as well. This requires a review of literature and practices regarding research tools and skills appropriate for children of different age groups, as well as research into the links between parental mental health and the mental health of their children. Reviewers acknowledged that this is a big task which has not so far been addressed by any group. Current assessments of children largely consist of assessing exposure to traumatic experiences and assuming mental health effects.

- **Issues for future assessments** – Future assessments should look more closely at causal relationships between variables, the impact of adult mental health on care taking, local perceptions of coping mechanisms, and the links between the HIV/AIDS pandemic, mental illness and function. There should be important lessons learned from HIV work, given the substantial funding for AIDS-related programs.

## *Process*

- **Community involvement in interpretation and programming** – The community should be involved in the interpretation of the results, particularly given the socio-cultural nature of mental health.

- **Site selection** – To facilitate the assessment of impact, the methodology should be used in areas where mental health-oriented interventions by other agencies (e.g. UNICEF and World Vision in the case of Kinzenze) are ongoing.

### *Dissemination*

- **Dissemination for multiple audiences** – It may be appropriate to produce seperate documents addressing different aspects of the work (i.e. a technical document detailing the analysis, and a more educational document describing the research process). Eventually these documents should form the basis of a single manual which can be used by NGOs after appropriate training in its use.
- **Cost estimates** – Cost estimates should be provided for single and repeated assessments for planners to determine the feasibility of using the method for their own country programs.
- **Statement of objectives** – The objectives of the research should be listed clearly at the beginning of each report, to limit the scope of the paper and prevent it from becoming unwieldy. This introduction would also provide an opportunity to define all relevant terms, such as psychosocial health, mental health, etc.

## Additional Discussion Points

Participants stressed the importance of maintaining an active network among researchers and practitioners working in fields related to psychosocial health. The network should span academia and NGO/UN field programs and clinical to public health approaches. Since other groups may be developing similar approaches, the possibility of linking up with these groups should also be explored. The continual sharing of knowledge is essential to the development of the discipline, with the objective of formulating best-practice protocols for use at the field level. This network could take several forms: collaboration in the development of research techniques and tools as well as in fieldwork; periodic technical meetings to discuss specific aspects of the discipline; an electronic library (available on CD-ROM and the Internet) which pulls together literature and tools relevant to the field; and an electronic list serve to facilitate communication between people involved in this field on all levels.

If mental health support to field staff and beneficiaries/respondents is to be considered an essential part of psychosocial programming in the future, it would be useful to develop a discussion of the types of support appropriate for different groups. It is likely that individual support needs will differ based on education, residence (rural vs. urban), ethnicity, or other factors. A staff health component should be built into most proposals.

Psychosocial work (assessment as well as programming) is charged with a number of ethical issues, regarding which population groups are focused on, what language is used for the survey, and whether one focuses on ethnicity in the work. All of these issues may have political implications that must be considered in planning.

Conducting similar research into the mental health of children will be particularly challenging technically and ethically. Ethical issues surround the retraumatization of children and the identification of strategies most effective at assessing their mental health. It may make more sense to work with external measures of function among children rather than symptoms. If we are restricted to measuring behavioral variables, is this sufficient? Research is necessary on the link between parental mental health and their children's mental health, to assess the assumption that assisting mentally ill parents automatically helps their children in the form of better care taking.

Psychosocial programs may be based upon several basic models. The model of intensive care for the acutely mentally ill, while possibly assisting in the recovery of severely affected individuals, is not adequate for improving mental health on the population level. For the African context it was felt to be more appropriate to use community-based approaches which target the entire community for assistance (sensitization, group therapy, etc.), in combination with support for an effective referral system, preferably through partnership with national governments or other partners. It is important to recognize that in disasters or crises, it is very possible for the mentally ill to fall through the social net where others can no longer take care of them. The mentally ill may be overlooked by agencies giving assistance because it is assumed that they are not very relevant to rehabilitation or development. Mental health hospitals are normally avoided because they are thought to be a place to go to die. Often those hospitals are not well staffed, patients are not well cared for, and the patients may never leave. Additionally these centers may actually be targeted in active conflict. In a community-level approach to programming, the objective is to improve the functioning of the whole society rather than the rehabilitation of the severely affected, and often after crises the whole population is affected to varying degrees. A related technical challenge is that we actually do not know how to screen for and identify the mildly/moderately affected in the community. If intensive clinical care is to be provided, there are advantages of using the Centers of Excellence model: training opportunities, the development of productive relations with authorities, the presence of a referral system, positive effects on the morale of staff, opportunities to pilot new treatment modalities, and the ability to develop outreach programs which may have spin-off benefits for many years. The establishment of Centers of Excellence would require that WV be committed to the country program and confident of funding for the long term.

The capacity of traditional healers to diagnose and treat specific conditions (locally defined) has by and large received only very limited attention. NGOs interested in improving psychosocial health should investigate what traditional healers do particularly well, and identify where western approaches may be more effective. It should be noted that often people do not feel comfortable talking about traditional health practices, or they aren't allowed to discuss those practices publicly. There are natural areas of complementarity between western health practitioners and local health practitioners that should be identified in future research. NGOs should synthesize facets of traditional healers, counselors / helpful community members, spiritual leaders and western medicine to maximize program effectiveness.

Local involvement in research and programs are important for sustainability. The locus of control has influence on the effectiveness of any program. In the field of psychosocial health, local interpretation, planning and feedback are particularly important.

NGOs must maintain flexibility in their work, understanding that assessment tools and interventions addressing mental health may differ between countries.

The assessment tool used in this study is not suited to the acute phase of crises. It is necessary to develop a rapid emergency mental health assessment tool for initial planning, to be followed by the more in depth assessment as the situation stabilizes. Protocols for conducting mental health needs assessments or interventions in acute crises must be developed. This is a field for future research and collaborative efforts.

## Conclusions

While the meeting yielded many suggestions regarding refinement of the tools and techniques used in Rwanda, the work was applauded for its overall technical strengths and valuable contributions to the knowledge base in this field. Participants found the collaborative work between NGOs and Universities to be a promising model for future work, and felt that the TAG had been a very useful forum for academic-field interchange about assessment and programming related to the psychosocial effects of conflict-related trauma. All of the participants expressed enthusiasm to participate in collaborative initiatives in the future.

Discussions are currently underway regarding ways in which this technical network can be coordinated, supported and funded. Possible initiatives include TAG meetings, electronic information-sharing groups, electronic libraries and collaboration in upcoming projects. Additionally, three sites have been identified for application of the methodology over the coming year, and plans are being made to develop an assessment tool for children's mental health. Numerous opportunities for collaboration will arise over the coming year in the development of both assessment and programming protocols.

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